

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445217	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER PINE RIDGE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SPRUCE LANE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor fire doors close to a positive latch. The findings include: Observation and interview with the Maintenance Director, on September 23, 2014 at 11:15 a.m. confirmed the fire door by room 212 failed to close to a positive latch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 23, 2014.</p>	K 021	<p>Maintenance Director made repairs to the door latch. Door now closes to a positive latch and NFPA codes are compliant.</p> <p>Any fire door could be affected. Maintenance Director checked fire doors for compliance and all were found to be in compliance.</p> <p>Maintenance Director/Assistant will check fire doors on a daily basis M-F and during Fire Drills to ensure positive latch is maintained and that NFPA codes are in compliance.</p> <p>Quarterly environmental safety survey will be completed by QA/PI team member. All findings will be addressed immediately with Maintenance Director/Assistant and findings will also be discussed during monthly QA meeting. Any concerns will be addressed during the monthly QA meeting.</p>	09/24/14	09/24/14
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in</p>	K 025			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Debbie Street

Administrator

10-10-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025	Continued From page 1 accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure fire barrier's one (1) hour fire rated construction is maintained. (NFPA 101, 8.2.3.2.4.2) The findings include: Observation and interview with the Maintenance Director, on September 23, 2014 at 11:15 am confirmed unsealed penetrations in the attic by rooms 301 and 302 from piping sealed with a non-approved firestop system (sheetrock mud). (NFPA 101, 8.2.3.2.4.2) These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 23, 2014.	K 025	K025 All penetrations in the attic have been sealed using 3M fire barrier sealant per NFPA codes. According to NFPA codes; any area of concern will be addressed and resolved by Maintenance Director/Assistant. Maintenance Director/Assistant will monitor for penetrations during daily rounds & any concerns will be addressed immediately. Quarterly Environmental safety survey will be completed by QA/PI team member. All findings will be discussed with Maintenance Director/Assistant so area can be addressed. Any concerns will be addressed during the monthly QA meeting.	09/24/14	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029	K029 All penetrations in the mechanical room have been sealed using 3M fire barrier sealant per NFPA codes.	09/24/14	

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K 029	Continued From page 2 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure hazardous area.'s one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on September 23, 2014 at 9:35 am confirmed unsealed penetrations in the ceiling of the 100 hall mechanical room above the hot water heater. (NFPA 101, 8.2.3.2.4.2) This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 23, 2014.	K 029	According to NFPA codes; any area of concern will be addressed and resolved by Maintenance Director/Assistant. Maintenance Director/Assistant will monitor for penetrations during daily rounds and any concerns will be addressed immediately. Quarterly Environmental safety survey will be completed by QA/PA team member. All findings will be discussed with Maintenance Director/Assistant so area can be addressed. Any concerns will be addressed during the monthly QA meeting.		